

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 700523	RECEIPT DATE:	11 / 15 / 00
IA NUMBER:	PCT/ US00 / 10576	IA FILING DATE:	04 / 19 / 00
FAMILY NAME:	KAPILOW	DELAY WAIVED (Y/N):	N
GIVEN NAME:	DAVID A.	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 19 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	1999-0096-3(COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	AT&T CORP		
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CITY:	MIDDLETOWN		
STATE/COUNTRY:	NJ	ZIP:	077484110
EMAIL:			
APPLICATION TITLES:			
METHOD AND APPARATUS FOR PERFORMING PACKET LOSS OR FRAME ERASURE CONCE			
ALMENT			

TAB TO LAST POSITION,PUSH SEND



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BIBDATASHEET

CONFIRMATION NO. 6109

Bib Data Sheet

SERIAL NUMBER 09/700,523	FILING DATE 11/15/2000 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. 1999-0096-3
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APPLICANTS

David A. Kapilow, Berkeley Heights, NJ;

CPA 9/9/04

** CONTINUING DATA *****

This application is a 371 of PCT/US00/10576 04/19/2000
 which claims benefit of 60/130,016 04/19/1999

CPA 9/9/04

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/08/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY NJ	SHEETS DRAWING	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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ADDRESS

AT&T Corporation
 PO Box 4110
 Middletown, NJ
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TITLE

Method and apparatus for performing packet loss or frame erasure concealment

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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